

FILED JUL 30 1947

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3010

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau (CAPE CITY)  
(c) Name of hospital or institution: St. Francis Hospital  
(d) Length of stay: In hospital or institution 2 days  
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girard.  
(c) City or town Cape Girardeau  
(d) Street No. Smelter Hill St. Francis Hospital  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Baby Bedwell

3. (b) If veteran, name war --- (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 21, 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 2 --- hr. --- min.

9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation --- Child

11. Industry or business ---

MOTHER FATHER { 12. Name Roy Bedwell Jackson, Mo.  
13. Birthplace Jackson Mo.  
14. Maiden name Emma Rhyme  
15. Birthplace Daisy Mo.

16. (a) Informant Mrs Floyd Rhyme (b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 7/23/47  
(c) Place: burial or cremation Fairmount Cemetery

18. (a) Signature of funeral director

(b) Address Cape Girardeau Mo

19. (a) 7-23-1947 (b) O. C. Summers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1947 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from 7/22 1947 to 7/23 1947  
that I last saw him alive on 7/23 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Prematurely following  
Caesarian section for  
Placenta Praevia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

Signature Charles J. Sealey (M. D. or other)  
Address Cape Girardeau Mo Date signed 7/23/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16  
1  
4

16  
1  
7  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 247-979  
Date Filed 2-28-47

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.